


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000034232  
 1. Entity Name  
 CFR, LLC



Principal Place of Business      Mailing Address  
 PO BOX 460639      PO BOX 460639  
 FORT LAUDERDALE, FL 33346 US      FORT LAUDERDALE, FL 33346

**DO NOT WRITE IN THIS SPACE**



04282005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 14-1871013      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROSENBERG, CHRISTIAN F  
 1335 PONCE DE LEON  
 FORT LAUDERDALE, FL 33316

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

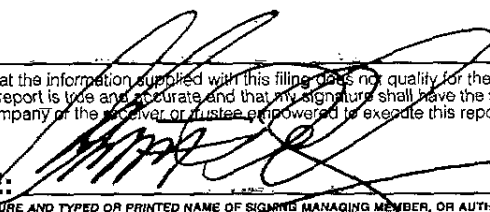
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROSENBERG, CHRISTIAN F
STREET ADDRESS	1335 PONCE DE LEON
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:       CHRISTIAN F. ROSENBERG  
 \_\_\_\_\_      4/29/05 340-715-7007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #